

Warranty Claim Form

Give written notice within 30 days after discovery of a suspected covered failure. Use this form or equivalent written information. Obtain written authorization and allow inspection before nonemergency repairs. Necessary safety work must not be delayed.

1. Claimant and coverage

Claimant / organization (Required)

Owner, purchaser or authorized representative (Required)

Contact email or mailing address (Required)

Telephone (Optional)

Project address (Required)

Original invoice number (Required)

Certificate ID and warranty revision (Required)

Date first discovered (Required)

Written notice date (Required)

2. Affected product and condition

Profile, finish, material and batch / coil reference (Required)

Exact location / elevation (Required)

Affected quantity and unit (Required)

Describe the condition, progression and relevant photograph references (Required)

Privacy: Use project and warranty information only. Redact unrelated private details. Do not send government ID, banking/card details, medical information or passwords. Records are used for warranty administration, not marketing consent. Contact info@terrashield.ca about privacy or an appropriate route for necessary sensitive evidence.

Submit to info@terrashield.ca and retain a copy with proof of sending.

Claim: Evidence and Inspection

Attach the signed Certificate, original purchase proof, installation evidence, complete maintenance log and dated photographs. Include transfer approval if applicable. Identify unavailable evidence without delaying the written notice.

3. Evidence and site access

Attachment index: purchase, Certificate, installation, maintenance, photos and transfer (Required)

Inspection contact and safe access arrangements (Required)

Repairs or emergency work completed / planned; dates and authorization references (If applicable)

Retained material, labels and reference sample; unavailable records and explanation (Required)

4. Claimant declaration

The information is accurate to my knowledge and I am authorized to submit it. I will preserve relevant material and provide a reasonable inspection opportunity, subject to site safety and necessary emergency work. Receipt of this form does not determine coverage.

**Claimant / representative: printed name
(Required)**

Signature (Required)

Date (Required)

5. Terrashield use

Received date (Terrashield use)

Claim reference (Terrashield use)

Assigned contact (Terrashield use)

Assessment, applicable clause, inspection, decision and remedy references (Terrashield use)

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